

Wellington-Dufferin-Guelph Youth Survey 2017/18 Grade 7 and 10 Survey

We are from Wellington-Dufferin Guelph Public Health and we are inviting you to participate in a survey for us. We want to learn about the health of students like you.

What is the purpose of the survey?

The survey asks about your health and well-being so that we can understand your needs and how our community should act. Your answers to this survey and the answers of your classmates will help our community plan programs to make our community a better place.

What we are asking you to do:

We want you to answer the questions on this 30 minute survey. There are no right or wrong answers. Do not spend too much time on any one question. Go with the answer that first comes to your mind. Please read each question carefully and answer honestly. If you don't know the answer to a question, leave it blank. You can also skip any question if it makes you uncomfortable.

If you need help filling out this survey, please talk to your teacher.

Do you have to do this survey?

You do not have to do this survey. It is up to you. You can say no now or you can even change your mind later. No one will be upset with you if you decide not to do this survey.

Your grades and your relationships with your school, teachers and classmates will not be affected if you choose not do the survey or if you choose to stop at any point. If you do choose to stop, you can choose to delete your answers or keep your answers. If you keep your answers, we can still use those answers to help us understand student health. Once you've finished the survey or if you close your internet browser suddenly, you can't delete any answers and they will be kept.

Could this survey hurt or help you in any way?

Some questions in this survey might make you feel uncomfortable and you don't have to answer those if you don't want to. If you feel uncomfortable after doing this survey, you can talk to your guidance counsellor or call the Kids Help Phone. This survey could help you by using the data to improve community and school plans, programs and services.

What will we do with information about you?

Your answers will not be seen by anyone at your school, including your teachers and parents. We will be very careful to keep your answers to the survey private. Before and after the survey we will keep all information we collect about you locked up and password protected. We will take all information from all students who do this survey to create reports for schools and for the community. The reports will be available on the Report Card Coalition Website: www.wdgreportcard.com. Data collected from the survey will be kept on a secure network for at least six years.

This survey has received an approval from an ethics review. If you have questions about this, contact Jennifer MacLeod at 1-800-265-7293 ext. 4370 or by email at jennifer.macleod@wdgpublichealth.ca

If you have any other questions, you can contact:

Auburn Larose
Wellington-Dufferin-Guelph Public Health
Phone Number: 1-800-265-7293 ex. 4367
Email Address: auburn.larose@wdgpublichealth.ca

Do you agree to take the survey?

- Yes
- No

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of health-care databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.

To begin, which township or city do you live in? (a dropdown list of townships is provided)

1. **Please enter your six digit postal code. If you don't know your postal code, please leave it blank.**

Postal codes will **NOT** be used to identify individual students.

2. **What grade are you in?**

Grade 4 (only DPCDSB)

Grade 7

Grade 10

3. **What is the name of your school? (a dropdown list of schools is provided)**

4. **What is the name of the school you went to in grade 7? (Only for grade 10 students)**

Section A: About You

The first few questions are about you and the way you live.

5. What is your gender?

Female

Male

Transgender

Other, please specify: _____

6. Which country were you born in? (if Canada, survey skips to Question 8)

Canada

China

Colombia

Germany

Jamaica

India

Italy

Netherlands

Philippines

Poland

South Africa

United Kingdom

United States

Vietnam

Other, please specify: _____

7. How many years have you lived in Canada? (Dropdown list of years provided)
8. Were your parents born in Canada?
- Both parents were born in Canada
 - One parent was born in Canada
 - Neither parent was born in Canada
9. What languages do you speak at home? If you and your family speak more than one language, please select all languages that you speak at home
- English
 - French
 - Chinese
 - Dutch
 - German
 - Italian
 - Polish
 - Punjabi
 - Spanish
 - Tagalog (Filipino)
 - Vietnamese
 - Other, please specify: _____
10. What is your race? If you identify as mixed race, you can choose more than one.
- White
 - Metis
 - First Nations
 - Inuit
 - Black (African)
 - Black (Other)
 - Latin American
 - Arab
 - Chinese
 - Filipino
 - South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
 - Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
 - West Asian (e.g., Iranian, Afghan, etc.)
 - East Asian (e.g., Korean, Japanese, etc.)
 - Other (please specify) _____
11. Do you have a full-time or part-time paying job?
- Yes, I work 20 hours **or more** each week
 - Yes, I work **less than** 20 hours each week
 - No, I don't have a job (*Survey skips to Question 13*)

12. Why do you have a job? Select all that apply.

- Saving for university or college
- Want extra spending money
- My parents encouraged it
- Helping out with household expenses
- Enjoy working
- Other, please specify: _____

Section B: Your Community

The following questions are about how you see your community and what it is like to live in your community.

13. Please check the box that best describes you.

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
a) I help to make my community a better place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I help other people in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel safe in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My neighbours care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I volunteer or help WITHOUT pay in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. **IN THE PAST 12 MONTHS, OUTSIDE OF SCHOOL** how often have you:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Played sports with a coach or instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Been to your local library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Attended religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Participated in a music, dance, drama, or other arts program with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Attended an organized youth program (e.g., drop-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Visited a public park in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Visited a community centre or recreation centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **IN THE PAST 12 MONTHS**, have you wanted to go to one of the above programs/places but could not because of the following reasons? (Check all that apply)

- Cost was too much
- Program times or schedule did not work for me
- I didn't have time to go
- Parents would not let me go
- No way to get there (no car, no bus, too far to walk)
- Did not know where to find the program or the place
- Did not feel welcomed
- Did not know about these programs
- This question does not apply to me
- Other, please specify: _____

Section C: Your School

We would like to know how you feel about your school, how you do in school, and the things you do at school.

16. How much do you agree with the following statements?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) I love my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am proud of my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel safe at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How important is it to you to do the following in school?

	Not at all Important	Not very Important	Somewhat Important	Very Important
a) Make or spend time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Participate in extra-curricular activities (e.g., sports, music, drama)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Always show up for class on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Express your opinions in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Take part in leadership activities (e.g., student council, team captain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What grades do you usually get in school?

- Mostly A's (80-100%)
 Mostly B's (70-79%)
 Mostly C's (60-69%)
 Mostly D's (50-59%)
 Below 50%

19. **DURING THE LAST SCHOOL YEAR**, how often did you skip class/school WITHOUT permission?

- Never
 Less than once a month
 Once a month
 2-3 times a month
 Once a week
 More than once a week

20. How much you agree or disagree with each of the following statements?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) School is important for my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My teachers have high expectations of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My teachers are interested in me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My teachers notice when I am doing a good job and let me know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bullying

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose. Bullying may involve physical or verbal attacks, internet or electronic bullying, damage to property, etc. If you are being bullied, it's important to talk about it to an adult that you trust.

21. **IN THE LAST 12 MONTHS**, have you been bullied **AT SCHOOL**?

- Yes
 No

22. Do you get help at your school when you are bullied?

- Yes
 Sometimes
 No

23. **IN THE LAST 12 MONTHS**, have you been bullied **OUTSIDE OF SCHOOL**?

- Yes
 No

24. Who bullies you inside or outside of school? (Check all that apply)

- Other students
 Siblings
 Teachers
 Coach / Instructor
 Someone you met online
 Other, please specify: _____

25. **IN THE LAST 12 MONTHS**, how often were you bullied in these ways:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Physical Aggression (e.g., pushed, tripped, or hit)	<input type="checkbox"/>					
b) Verbal Aggression (e.g., repeatedly teased, insulted, or called hurtful names)	<input type="checkbox"/>					
c) Electronic/Cyberbullying (e.g., teased through Facebook, or text messages)	<input type="checkbox"/>					
d) Someone damaging something that belonged to you on purpose	<input type="checkbox"/>					
e) Someone leaving you out or excluding you on purpose	<input type="checkbox"/>					

26. No one deserves to be bullied. There is never a good reason for someone to bully you.

Why do you think others were bullying you? (Check all that apply)

- I don't know why I've been bullied
- Race, culture, or skin colour
- Weight
- Appearance (other than because of race, culture, or weight)
- Sexual orientation
- Gender identity
- Religion or faith
- Interests, activities or hobbies
- Language
- What my family can afford to buy
- Disability or special need
- School grades
- Other reason: _____

27. **IN THE LAST 12 MONTHS**, have you bullied someone?

- Yes
- No

Section D: Your Friends

We would like to know some things about you and your friends.

28. Please answer the following statements about your friends.

	False	Mostly False	Sometimes True/ Sometimes False	Mostly True	True
a) I have many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I get along easily with others my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Others my age want me to be their friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Most others my age like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Your Family

We would like to know some things about you and your family.

29. For each of the following statements, use the choice that best describes the way your parent(s), step-parent(s), foster parent(s) or guardian(s) have acted towards you **IN THE LAST 12 MONTHS**.

	Never	Rarely	Sometimes	Often	Always
a) My parents/guardians listen to my ideas and opinions	<input type="checkbox"/>				
b) My parents/guardians and I solve a problem together whenever we disagree about something	<input type="checkbox"/>				
c) My parents/guardians make sure I know I am appreciated	<input type="checkbox"/>				
d) My parents/guardians take an interest in where I am going and who I am with	<input type="checkbox"/>				
e) I spend quality time at home with my family	<input type="checkbox"/>				
f) My parents/guardians speak of the good things that I do	<input type="checkbox"/>				

Section F: Health

We would like to ask you questions about how you take care of your body, and how you see yourself and your environment.

30. In general, how often do you eat fruits and vegetables every day?

- Less than once a day
- Once a day
- Twice a day
- 3 times a day
- 4 times a day
- 5 times a day
- 6 times a day
- 7 or more times a day

31. In general, I think my eating habits are:

- Not healthy
- Somewhat healthy
- Very healthy

32. Is there anything that prevents you from eating healthy? (Select all that apply)

- I don't always choose healthy foods, but they are always available to me
- Parents/guardians do not give me healthy foods
- Healthy foods cost too much money for my family
- I don't have time
- I don't know how to choose healthy foods
- I don't like the taste of healthy foods
- Nothing, I usually eat healthy.
- Other, please specify:

33. **IN THE LAST 12 MONTHS**, how often did you have a can of high-energy caffeine drink (e.g., Redbull, Rockstar, Full Throttle, Monster, etc.)?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Once a week
 - More than once a week
34. **IN A USUAL SCHOOL WEEK** (Monday to Friday) how often do you eat breakfast?
- Rarely/Never
 - 1-2 days per week
 - 3-4 days per week
 - All 5 days (*If this is selected, survey skips the next question*)
35. Why do you skip breakfast? (Select all that apply)
- I do not have time to eat in the morning
 - I am trying to lose weight
 - My family does not always have food in the house to eat
 - I'm not always hungry in the morning
 - Other, please specify:
36. **On a school night**, how many hours of sleep do you usually get? (*Dropdown list of hours is provided*)
37. **IN A USUAL SCHOOL WEEK** (Monday to Friday), how often do you walk (or bike or skateboard) to or from school? Don't count the weeks when the weather was too cold, snowy or rainy to walk.
- It is too far for me to walk or bike
 - I could walk or bike but I rarely/never do
 - 1-2 days per week
 - 3-4 days per week
 - All 5 days
38. How tall are you without your shoes on? _____ Feet _____ Inches **OR** _____ Metres _____ Centimetres
39. How much do you weigh without your shoes on? _____ Pounds **OR** _____ Kilograms

Physical activity is any activity that makes your heart beat fast, can make you sweat and may cause you to lose your breath sometimes. Physical activity can be done in sports, school activities, while playing, or for transportation.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball and football.

For the next two questions, add up all the time you spend in physical activity each day.

40. **IN A TYPICAL WEEK**, on how many days are you physically active for a total of at least **1 hour** per day?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

41. **OUTSIDE OF SCHOOL HOURS**, on average about how many **HOURS** a day do you watch TV/DVD's, use the computer, cell phone, tablet, or play video games?

- Less than 1 hour a day
- 1 or 2 hours a day
- 3 or 4 hours a day
- 5 or 6 hours a day
- 7 or more hours a day

Section G: Mental Health

The following are questions about how you feel about yourself.

42. Please check the box that best describes you.

	Never	Rarely	Sometimes	Often	Always
a) I overcome challenges/problems in positive ways	<input type="checkbox"/>				
b) I deal with frustrations in positive ways	<input type="checkbox"/>				
c) I feel good about myself	<input type="checkbox"/>				
d) I like the way I look	<input type="checkbox"/>				
e) I feel proud of myself	<input type="checkbox"/>				
f) I feel in control of my life	<input type="checkbox"/>				
g) I feel hopeful about my future	<input type="checkbox"/>				

43. **IN GENERAL**, how often do you:

	Never	Rarely	Sometimes	Often	Always
a) Feel sad	<input type="checkbox"/>				
b) Feel lonely	<input type="checkbox"/>				
c) Feel depressed	<input type="checkbox"/>				
d) Feel anxious	<input type="checkbox"/>				

44. **IN THE LAST 12 MONTHS**, how often did you:

	Never	Rarely	Sometimes	Often	Always
a) Feel you had too many problems in your life	<input type="checkbox"/>				
b) Think about harming yourself	<input type="checkbox"/>				
c) Seriously think about suicide (taking your own life)	<input type="checkbox"/>				

45. Who can you talk to about your problems? Check all that apply.

- Parents/guardians
- Teacher
- Coach/instructor
- Religious leader
- Other adult
- Friends/peers
- Siblings

46. **IN THE LAST 12 MONTHS**, how often have you gambled or bet money on cards, games, dares or sports?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Once a week
 - More than once a week
47. **IN THE LAST 12 MONTHS**, on days when you played video games, about how many hours a day did you play?
- Less than 1 hour a day
 - About 1 hour a day
 - 2 hours a day
 - 3 to 4 hours a day
 - 5 to 6 hours a day
 - 7 or more hours a day
 - Did not play video games in the last 12 months

Section H: Cigarettes, Alcohol and Other Drugs

48. How often do you currently smoke cigarettes?
- I do not smoke
 - Less than once a week
 - At least once a week, but not every day
 - Every day
49. **IN THE LAST 12 MONTHS**, how often have you used an e-cigarette (vapourizer with e-juice, vape pen, tank, or mod)?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Once a week
 - More than once a week
 - Every day
50. Which did you try first, a cigarette or an e-cigarette (vapourizer with e-juice, vape pen, tank, or mod)?
- I have never tried either
 - I have only tried a cigarette
 - I have only tried an e-cigarette
 - I have tried both and tried a cigarette first
 - I have tried both and tried an e-cigarette first
 - I do not remember
51. **IN THE LAST 12 MONTHS**, how often have you used smokeless tobacco, dip or chew?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Once a week
 - More than once a week
 - Every day
52. **IN THE LAST 12 MONTHS**, have you had a drink of beer, wine, liquor or other alcoholic beverage?
- Yes
 - No (*If no, survey skips the next question*)

53. How often **IN THE LAST 12 MONTHS** have you had 5 or more alcoholic drinks on one occasion?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Once a week
 - More than once a week
54. **IN THE LAST 12 MONTHS**, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil)?
- I have never used it *(If this is selected, survey skips the next two questions)*
 - 1 to 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 to 19 times
 - 20 or more times
 - I have used it, but not in the last 12 months *(If this is selected, survey skips the next two questions)*
55. **IN THE LAST 4 WEEKS**, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil)?
- Did not use it in the last 4 weeks
 - 1 or 2 times each week
 - 3 or 4 times each week
 - 5 or 6 times each week
 - Once each day
 - More than once each day
56. How old were you when you first tried CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil)?
- 9 years old or younger
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
57. **IN THE LAST 12 MONTHS**, how often did you use PAIN RELIEF PILLS **WITHOUT A PRESCRIPTION** (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or without a doctor telling you to take them?
- I have never used them
 - 1 to 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
 - I have used them, but not in the last 12 months
58. **IN THE LAST 12 MONTHS**, how often did you use **COUGH OR COLD MEDICINE**, such as Robitussin DM, Benlyn DM (also known as robos, dex, DXM, sizzurp, or purple drank) in order to get high?
- I have never used it
 - 1 to 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
 - I have used it, but not in the last 12 months

59. **IN THE LAST 12 MONTHS**, did you use other illegal drugs (such as Ecstasy, PCP, cocaine, crack, salvia, crystal meth, or other illegal drugs)?
- I have never used them
 - 1 to 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
 - I have used them, but not in the last 12 months

Section I: Your Relationships

Only grade 10 respondents answer these questions.

We would like to know more about your relationships.

60. What is your sexual orientation?
- Straight or heterosexual
 - Lesbian
 - Gay
 - Bisexual
 - Two-spirit
 - Pansexual
 - Queer
 - Not sure / Questioning
 - Other, please specify: _____
61. Who do you talk to about sex? (Please select all that apply)
- Adult family members (parents, guardians, aunts, uncles, or other adult relatives)
 - Health Professionals (nurse, doctor)
 - Other Adult (teacher, social worker, religious leader, coach)
 - Friends or siblings
 - Online Sources (internet search, chat rooms)
 - No one
 - Other, please specify: _____
62. Have you ever had sexual intercourse? Remember, sexual intercourse can be oral, vaginal or anal sex.
- Yes (*If yes, survey skips question 70*)
 - No (*If no, survey skips to question 65, then 69 and 70*)
63. How old were you when you first had sexual intercourse?
- 12 or younger
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - Don't know
64. How many people have you had sexual intercourse with in your lifetime? (*Fill in the blank*)

65. Consent is a voluntary, positive agreement to engage in sexual activity with a partner(s). Nobody else can give your consent for you, and giving consent means that you are awake, conscious, sober, and able to make a deliberate, unforced and unpressured decision. You can change your mind at any time for any reason, and withdraw consent.

Have you ever experienced sexual activity when you did not want to or when you did not give your consent?
Sexual activity may include sexual touching, or oral, vaginal or anal sex.

- Yes
- No
- Don't know

66. How often have you had sexual intercourse when you have been drunk or high (impaired)?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week

67. What method(s) of birth control do you use currently or have used in the past? (Please select all that apply)

- Male condoms
- Female condoms
- Birth control pill/patch
- Emergency contraception
- Spermicidal foam/gel
- Vaginal ring
- Intrauterine Device (IUD)
- Hormonal injection (e.g., Depo Provera)
- Natural Family Planning
- None

68. Have you ever been tested for a sexually transmitted infection (STI) (e.g., Chlamydia, gonorrhoea, HIV)?

- Yes
- No
- Don't know

69. Have you ever sent sexual photos or messages via cellphone or another device (e.g., "sexting")?

- Yes
- No

70. If you have never had sexual intercourse, what are your reasons for not engaging in sexual intercourse?

(Please select all that apply) (*Question not answered by students who report being sexually active*)

- Not ready
- Haven't met the right person
- Fear of pregnancy
- Fear of STIs
- Fear of HIV/AIDS
- Want to be a virgin until marriage
- Parents' disapproval
- Another family member's disapproval
- Friends' disapproval
- Religious beliefs
- Have not had the opportunity
- Against my values

Thank you for your participation in this survey.

If you are experiencing any problems that you would like to talk about in private, please contact a teacher, child & youth counsellor, or social worker at your school. You can also call the Kids Help Phone at 1-800-668-6868 or visit www.KidsHelpPhone.ca